

**APPLICATION DATA SHEET**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: METHODS OF USING BENZOTHIOPHENONE  
DERIVATIVES TO TREAT CANCER OR  
INFLAMMATION

Attorney Docket Number:: 540057.413USPC

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: No

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Zaihui
Middle Name::	
Family Name::	Zhang
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	887 Great Northern Way
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5T 4T5

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Timothy
Middle Name::	S
Family Name::	Daynard
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	887 Great Northern Way
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5T 4T5

### Third Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Gabriel
Middle Name::	Bela
Family Name::	Kalmar
Name Suffix::	
City of Residence::	Richmond
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	887 Great Northern Way
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5T 4T5

**Correspondence Information**

Correspondence Customer Number ::

**00500****Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/CA03/000921	06/18/03
PCT/CA03/000921	An application claiming the benefit under 35 USC 119 (e) of	60/390,589	06/21/02

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	QLT, Inc.
Street of mailing address::	887 Great Northern Way
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5T 4T5